Registered No. HSE-49/2016






ఆంధ్రప్రదేశ్ రాజపత్రము

# THE ANDHRA PRADESH GAZETTE

## PUBLISHED BY AUTHORITY

PART I EXTRAORDINARY

**No.536** AMARAVATI, MONDAY , AUGUST 28, 2017 **G.498**

# NOTIFICATIONS BY GOVERNMENT

--x--

## HEALTH, MEDICAL & FAMILY WELFARE DEPARTMENT (B2)

NOTIFICATION OF DENGUE CASES

***[G .O.Ms.No.144, Health, Medical & Family Welfare (B2), 23rd August, 2017.]***

**NOTIFICATION**

Dengue has become a major public concern in India accounting for substantial morbidity and mortality. In Andhra Pradesh also considerable number of Dengue cases reported every year and more number of Dengue cases are reported from Ananthapur, Chittoor, Prakasham, Visakapatnam, Krishna, Guntur and Nellore.

As there is no specific treatment and vaccine for Dengue, prevention is the only strategy. Therefore, early diagnosis and reporting of Dengue cases is necessary for implementing preventive measures before it spreads further in an epidemic proportion.

All the suspected Dengue cases are screened from Government institutions and Private hospitals are being confirmed in Sentinel Surveillance Hospitals (S.S.Hs) immediately and the result is communicated on the same day to concerned for taking necessary action. Special wards are identified in Government hospitals for the management of Dengue cases.

In order to ensure early diagnosis and case management, reduce Dengue transmission, address the problem of emergency and spread up diseases in newer areas, it is essential to have complete information of Dengue cases. Therefore, the Health care providers shall notify every Dengue case to local authorities' i.e. District Medical and Health Officer, Municipal Health Officer of the Municipal Corporation / Municipality concerned daily.

For the purpose of case definition a Dengue case is defined as follows:

**Probable Dengue Fever (DF) / Dengue Haemorrhagic Fever (DHF):**

A Case compatible with clinical description of Dengue fever "An acute febrile illness of 2 -7 days duration with two or more of the following manifestations".

Headache, Retro-Orbital pain, Myalgia, Arthralgia, Rash, Haemorrhagic manifestations.

**OR**

"Non - Elisa based NS 1 antigen / IgM Positive"

(A Positive test by Rapid Diagnostic Test (RDT) will be considered as probable due to poor sensitivity and specificity of currently available RDTs).

**Confirmed Dengue Fever :**

A Case compatible with the clinical description of Dengue fever with at least one of the following:

- Demonstration of Dengue virus antigen in serum samples by NS1 ELISA.
- Demonstration of IgM antibody titre by ELISA Positive in single serum sample.
- Detection of Viral Nucleic Acid by Polymerase Chain Reaction (PCR).
- Isolation of the Dengue Virus (Virus Culture Positive) from serum, plasma.
- IgG sero conversion in paired sera after 2 weeks with four fold increase of IgG titre.

The Doctors in Government Health Institution and the Registered Medical Private Practitioners of the private hospitals / clinics are required to immediately inform the Office of the District Health Authority of concerned district if a suspected case of Dengue is reported at their Health Institution duly collecting the sera sample. The Sera samples of all the Dengue suspected cases have to be sent to the Sentinel Surveillance Hospital (SSH), to be tested by ELISA technique.

A Patient can be declared positive for Dengue only on the basis of demonstration of IgM anti bodies by IgM anti body capture ELISA in single serum sample.

The information of positive case of Dengue should be sent to the Office of The District Health Authority immediately after the diagnosis for necessary actions as Dengue is a notifiable disease.

**POONAM MALAKONDAIAH,**
*Principal Secretary to Government.*

---x---

Published and Uploaded by the Commissioner of Printing, Government of Andhra Pradesh at Government Regional Press, Vijayawada, www.ap.egazette.cgg.gov.in